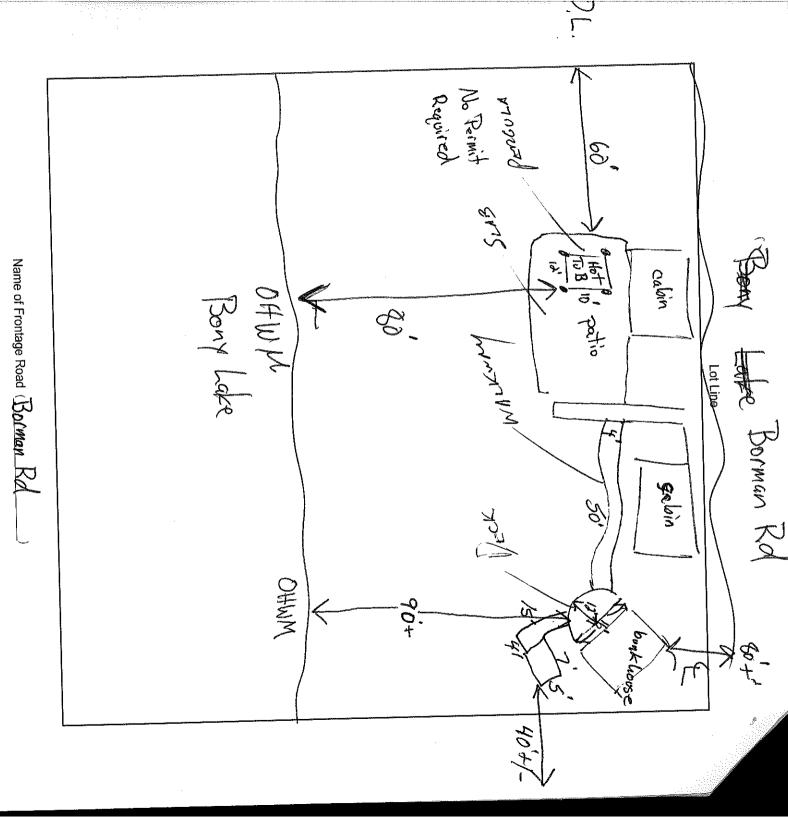
	Reason for Denial: Inspection Record: Desh is built Aspusantations. Mitigation Plan Required: Yes \(\text{No} \) \(\text{No} \) \(\text{S} \) Condition:	ce on Back APPLIA Solved:	I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is turne; correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a sesult of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county offinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner or Authorized Agent (Signature) Date 3-17-11 ATTACH Copy of Tax Statement or	Residence sq. ft Garage sq. ft Residential Addition / Alteration (explain) Residential Accessory Building (explain) Residential Accessory Building Addition (explain) Residential Other (explain)	Residence sq. ft Porch sq. ft Deck sq. ft Deck(2) sq. ft ** Residence w/attached garage (# of bedrooms)	Is your structure in a Shoreland Zone? Yes No Structure: New Addition V Experiments Square Footage USE: Addition V Experiments April	Volume 954 Page 494 of Deeds Property Owner Alex Gariv P Address of Property 50925 Borman Address of Property 50925 Borman Telephone 712-3015 (Home)	LAND USE SANITARY PRIVY Legal Description Legal Description 1/4 of 1/4 of Block	MPLETED ORIGINAL NI, TAX STATEMENT I 54891 I 500 permits will be issued until all 1 payable to: Bayfield County Zoning CONSTRUCTION UNTIL ALL PErmust be approved by the Zoning Depayable must be appr
Signed Madal o	t. Metsallsetlades. By M. Futal Date	— PLEASE COMPLETE REVianitary Number	formation) has been examined by me (us) and to the best of accuracy of all information I (we) am (are) providing and the a result of Bayfield County relying on this information and information of the state of the above described process to the abov	Addition / Alteration (explain) Accessory Building (explain) Accessory Building Addition (explain) Commercial Other (explain) Special/Conditional Use (explain) External Improvements to Principal Building (explain) Other (explain) External Improvements to Accessory Building (explain) External Improvements to Accessory Building (explain)	☐ Commercial Principal Building ☐ Commercial Principal Building ☐ Commercial Accessory Buildin	No ☐ If yes. Distance from Shoreline: greater than Existing Basement: Yes No L Sanitary: New Existing Existing — A'×16'= 193 47 Type of Septic/Sanitary System — Mobile Home (manufactured date)	Parcel I.D. 04-004-2-44-09-08 Contractor 5elf Plumber Authorized Agent (Work) Written Authorization Attached:	CONDITIONAL USE SPECIAL USE 1/4 of Section 8 Township 44 North, Range 5 Subdivision V.4, P. 25M# 6	APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN BAYFIELD COUNTY, WISCONSIN MAY 17 2011 MAY 17 2011 MAY 17 2011 MEDIT BEEN ISSUED TO APPLICANT. PARTITIS HAVE BEEN ISSUED TO APPLICANT. PARTITIS HAVE BEEN ISSUED TO APPLICANT.
Futch 5-19-11 Date of Approval	Roperty Onies per asmed to of Inspection 5-17-11 Variance (B.O.A.)#	(If you rece Attach a Date	or firmy (our) knowledge and belief it is true, correct and complete. I at it will be relied upon by Bayfield County in determining whether at it (we) am (are) providing in or with this application. I (we) operty at any reasonable time for the purpose of inspection. Date S-17-11 Copy of Tax Statement or	☐ Commercial Other (explain) ☐ Special/Conditional Use (explain) ☐ External Improvements to Principal Building (explain) ☐ External Improvements to Accessory Building (explain)	☐ Commercial Principal Building ☐ Commercial Principal Building Addition (explain) ☐ Commercial Accessory Building (explain) ☐ Commercial Accessory Building Addition (explain)	ne: greater than 75% 75' to 40' less than 40	1-08-1 05-001-03000 (Phone)	SE □ B.O.A. □ OTHER h, Range P West. Town of Ba/MCS Acreage 1.4	Application No.: 11-0124 Date: 5/24 (1955) Zoming District 4 (1955) Amount Paid: 4 Pd. 4 52 75 Amount Paid: 4 Pd. 4 52 75



- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N)
- Ņ Show the location, size and dimensions of the structure.

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- လ Show the location, size and dimensions of attached deck(s), porch(s) or garage.
- 4. Show the location of the well, holding tank, septic tank and drain field.

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

- Ġ Show the location of any lake, river, stream or pond if applicable
- Ó Show the location of other existing structures.
- Show the location of any wetlands or slopes over 20 percent
- Show dimensions in feet on the following:

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- Building to all lot lines
- ည်းက Building to centerline of road
- Building to lake, river, stream or pond
- <u>6</u> € Holding tank to closest lot line
- .—to Holding tank to building

3

Septic Tank and Drain field to building Septic Tank and Drain field to well Septic Tank, and Drain field to lake, river, stream or pond.

0 =

Well to building

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Privy to building Privy to lake, river, stream or pond

Septic Tank and Drain field to closest lot line

- Holding tank to well
- Holding tank to lake, river, stream or pond
- Þά Privy to closest lot line

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

will not make an inspection until location(s) are staked or marked Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector The local town, village, city, state or federal agencies may also require permits.

*NOTICE: All Land Use Permits Expire One/(1) Year From The Date Issued